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Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: _____		2 Serial/Patent # 10/525627		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input checked="" type="checkbox"/>	Other			\$ 100
		7 TOTAL AMOUNT OF REFUND		\$ 100
		8 TO BE REFUNDED BY:		
10 REASON:		<div style="border: 1px solid black; padding: 5px;"> Treasury Check Credit Deposit A/C #: 9 16--0820 </div>		
<input checked="" type="checkbox"/>	Overpayment			
<input type="checkbox"/>	Duplicate Payment			
<input type="checkbox"/>	No Fee Due (Explanation):			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: _____		TITLE: <u>Paralegal</u>		
SIGNATURE: _____		PHONE: <u>703-308-9140</u>		
OFFICE: _____		<u>Ext. 206</u>		
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10. REASON:		Treasury Check		
<input type="checkbox"/>	Overpayment	Credit Deposit A/C #:		
<input type="checkbox"/>	Duplicate Payment	9. 16--0820		
<input type="checkbox"/>	No Fee Due (Explanation):			
<i>Winston Alvarez</i> National Stage Processing Patent Specialist (703) 305-8421				
11. REFUND REQUESTED BY: _____				
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